2007 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS

NAME
STREET ADDRESS
CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

FILED Apr 30, 2007 08:00 All Secretary of State

1. Entity Name	MENT # P0300009768 RED PINESTRAW, INC.	34			~		ing or au
Principal Place 6766 264TH BRANFORD, f	ST	Mailing Address 6766 264TH ST BRANFORD, FL 32008					
D	O NOT WRITE I	N THIS SPA	CE	04152007 4. FEI Number 20-02025 5. Certificate of		CR2E034 (1	
6. Name and Address of Current Registered Agent VINCENT, BILLIE L VP 6766 264TH STREET BRANFORD, FL 32008 8. The above named entity submits this statement for the purpose of changing its register.			DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligati	ions of registered agent. Signature, typed or printed name of registered agent and to		ad Agent signature requir			DATE	<u> </u>
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		5.00 May Be dded to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR P VINCENT, JOHNNY 6766 264TH STREET BRANFORD, FL 32008 VP VINCENT, BILLIE L 6766 264TH ST BRANFORD, FL 32008	ECTORS	-		05/16,	00007448 707-8000	18 4–007 150.00
CITY-ST-ZIP	BRANFORD, FL 32008		_				

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

District Proces of District Process of